



Cities Readiness Initiative

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CENTERS FOR DISEASE CONTROL & PREVENTION



Cities Readiness Initiative

A pilot program to aid 21 major U.S. cities in increasing their capacity to dispense needed drugs and medical supplies within 48 hours to avert mass casualties during a large scale public health emergency, such as a bioterrorism attack.



Need for CRI

- Wide-spread dispersal is within current capabilities of terrorist groups
- Potential for loss of life is catastrophic
- Current response plans are inadequate



Vulnerability

U.S. intelligence agencies assess that a large-scale aerosol release of anthrax is “well within the technical capability of al-Qa’ida and other foreign or domestic terrorist organizations.”



Anthrax Exposure:

DELAY in Initiation

DURATION of Campaign

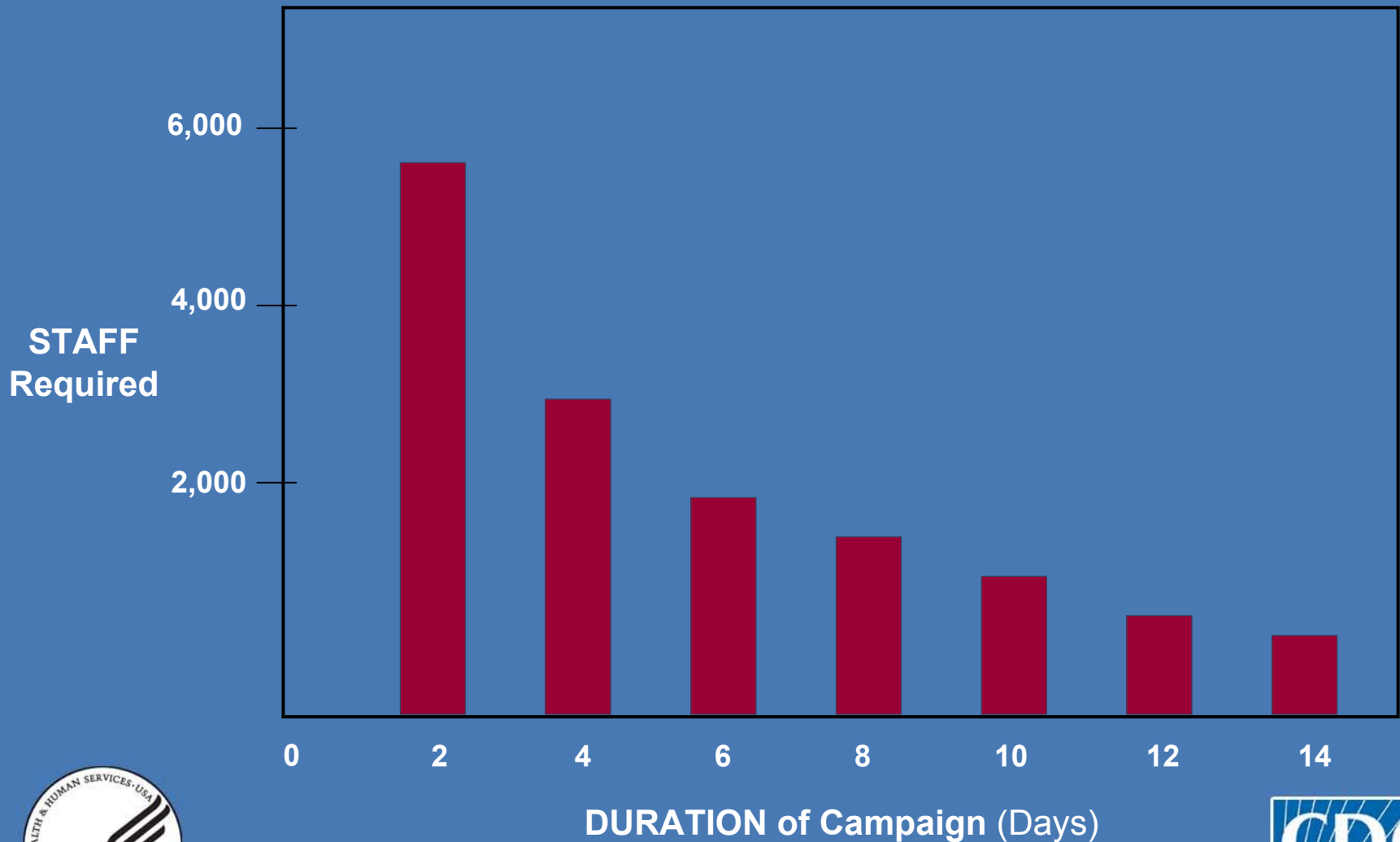
Duration of Campaign	Immed.	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days
10 Days	84%	78%	71%	62%	54%	45%	36%	28%
7 Days	95%	91%	85%	78%	69%	59%	49%	39%
6 Days	97%	94%	89%	83%	75%	65%	54%	43%
5 Days	98%	96%	92%	87%	80%	71%	60%	49%
4 Days	99%	98%	95%	91%	85%	76%	66%	54%
3 Days	100%	99%	97%	94%	89%	81%	72%	60%
2 Days	100%	99%	98%	96%	92%	86%	77%	66%
1 Day	100%	100%	99%	97%	94%	89%	82%	72%



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Staff Required to Prophylax 1 Million



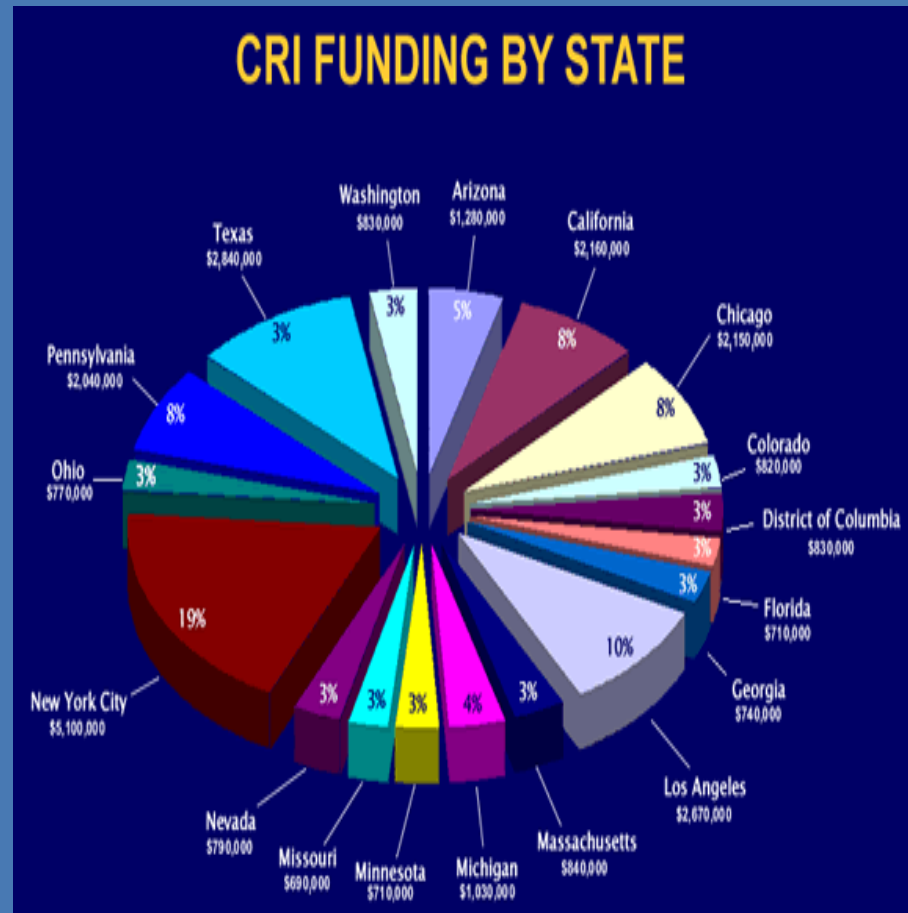
CRI Planning Assumptions

- Response to outdoor anthrax release will drive planning
- Must provide prophylaxis to the “population at risk” within 48 hours to avert mass casualties
- Uncertainty in Epi modeling likely to compel decision to offer broadly



Pilot Cities

- Atlanta (\$740,000)
- Boston (\$840,000)
- Chicago (\$2,150,000)
- Cleveland (\$770,000)
- Dallas (\$1,190,000)
- Denver (\$820,000)
- Detroit (\$1,030,000)
- Houston (\$1,650,000)
- Las Vegas (\$790,000)
- Los Angeles (\$2,670,000)
- Miami (\$710,000)
- Minneapolis (\$710,000)
- New York (\$5,100,000)
- Philadelphia (\$1,350,000)
- Phoenix (\$1,280,000)
- Pittsburgh (\$690,000)
- St. Louis (\$690,000)
- San Diego (\$1,220,000)
- San Francisco (\$940,000)
- Seattle (\$830,000)
- District of Columbia (\$830,000)



United States Postal Service

- Federal resource
 - In each community
 - Existing capability
- Deliver medication to each residence in 12 hrs
- Union agreement
 - Volunteers
 - Personal protection
 - Security
- Pre-planning required
- Break-the-glass

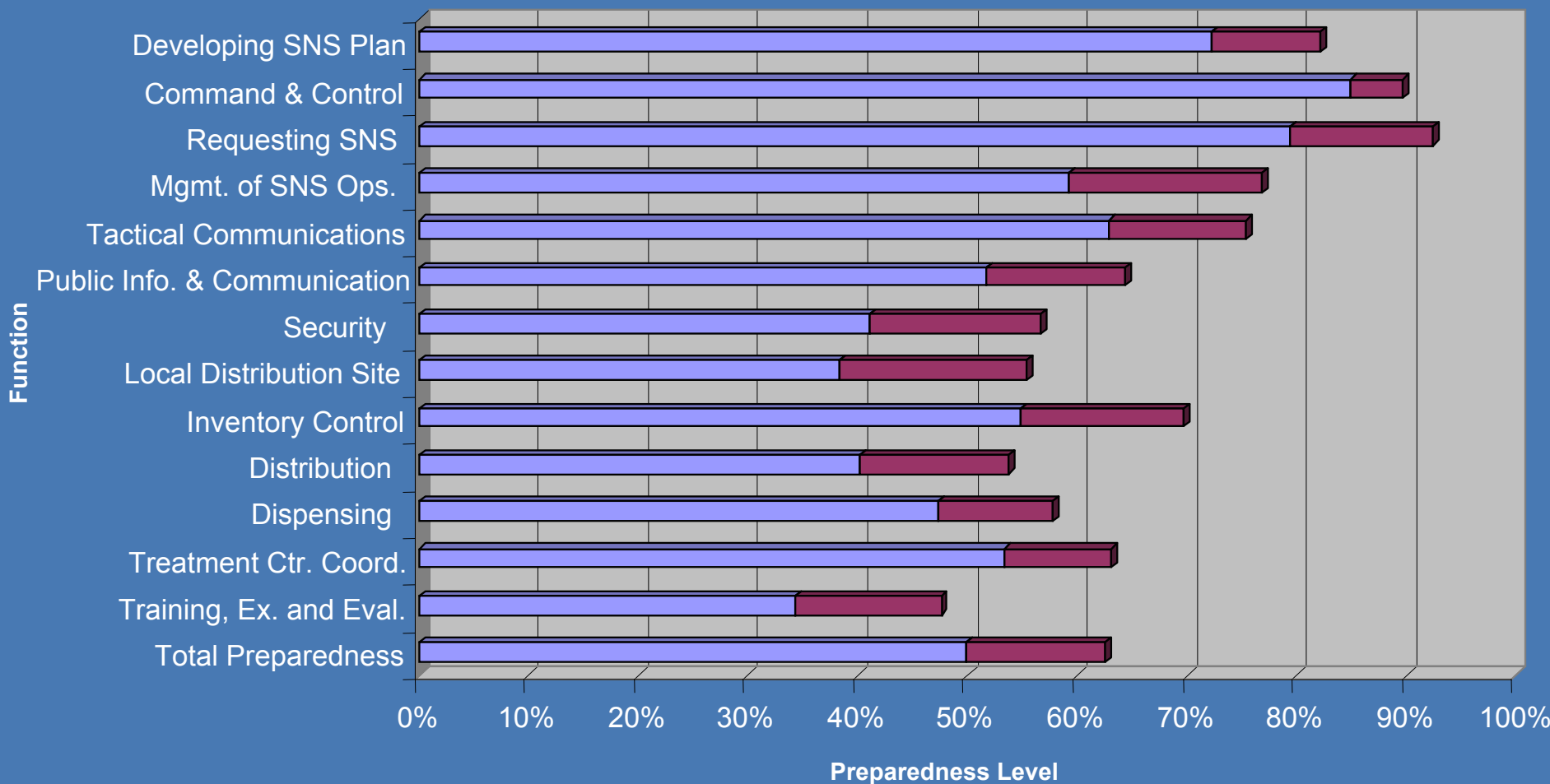


Federal Activities

- Executive Briefings in each State, City
- Assessments x 3
- USPS planning on request
- Technical Assistance
 - Satellite broadcasts
 - POD manager training
 - Networking



Progress at 90 Days



Initial Assessment 90-Day Assessment Progress



Improvements

- SNS Readiness
 - Greater prioritization
 - Improved response time
 - Incremental progress across the board
- Communication & Collaboration
 - Increased involvement of political leadership
 - Strengthened state/local partnerships
 - Greater role for security and public information



New Approaches

- Rapid dispensing options
 - USPS
 - Drive-through
 - Flexible standards of care
- Streamlined public information campaigns
- Institutional partnerships



Challenges

- Six-month timeframe
 - Uncertain sustainability
 - Funding beurocracies
 - Progress takes time
- City boundaries
- Number of volunteer staff
- Medical liability and standards of care
- Limited buy-in from political leadership
- Competing priorities

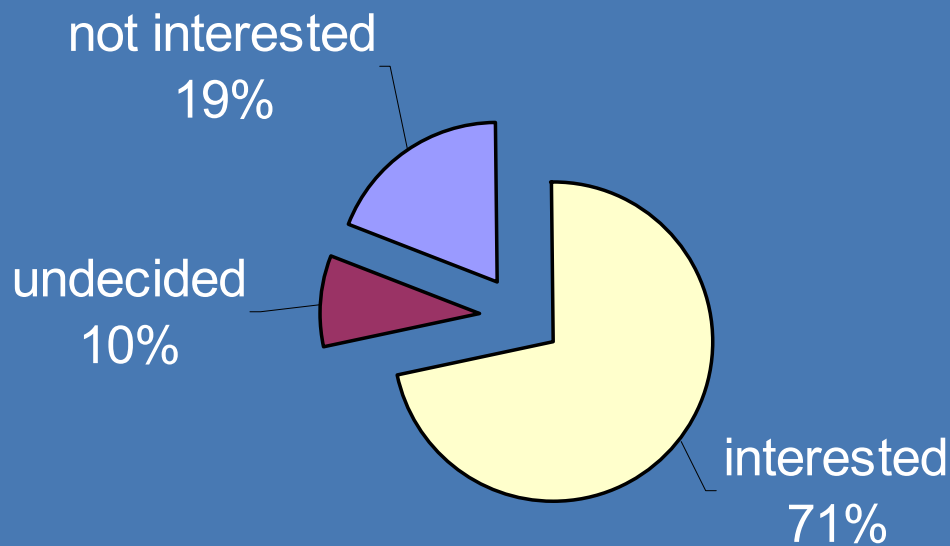


USPS Challenges

- Local areas unable to meet security requirements
- Limited delivery capability
- Growing geographic boundaries



Postal Plan Buy-In



Lessons Learned

- Sustained funding will improve stability and enhance success
- Greater involvement of political leadership is needed
- High level of support from top federal officials is needed
- Improved assessment tools needed
- www.llis.gov



Future

- Federal funding for FY05
- Expansion possible
- SNS committed to ongoing support
- Improve assessment tool



Questions



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